

# Towards zero leprosy

Global Leprosy (Hansen's disease)  
Strategy 2021–2030



World Health  
Organization

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# Foreword



Over the past decade the world has made considerable progress in the battle against leprosy, also known as Hansen's disease. In 2019, just over 200 000 cases of leprosy were detected from 118 countries globally. Around 5% of cases had visible deformities at the time of diagnosis, equating to 1.4 per million population – a 40% reduction on the 2014 figure. Globally, the new child case detection rate was 7.9 per million children, marking a significant improvement on the 2014 rate of 10.1. Virtually all new cases can now be cured within six to twelve months.



The WHO Global Leprosy Strategy 2021–2030, which was developed through a consultative process with all major stakeholders, reflects these epidemiological changes. Whereas previous strategies focused on the “elimination of leprosy as a public health problem”, defined as less than one case on treatment per 10 000 population, the new strategy focuses on interrupting transmission and achieving zero autochthonous cases. In doing so, the Strategy aims to motivate high-burden countries to accelerate activities while compelling low-burden countries to complete the unfinished task of making leprosy history.

Notably, the Strategy is aligned with broader global health trends, including the move towards multi-disease service integration, digitalization and accountability, and addresses key challenges, such as human resource capacity, surveillance and antimicrobial resistance. The Strategy promotes innovative approaches such as the use of targeted active case detection and the potential introduction of a safe and effective vaccine, and calls on countries to develop “zero-leprosy roadmaps” and provide chemoprophylaxis to all contacts of confirmed cases. Crucially, the Strategy redefines the burden of leprosy to not only include persons in need of physical treatment and socioeconomic rehabilitation, but also persons suffering from the mental health impact of leprosy.

The implementation of the Global Leprosy Strategy 2021–2030 will drive rapid and sustained progress in all leprosy-endemic countries, advancing progress on the WHO Roadmap for Neglected Tropical Diseases 2021–2030 and the Sustainable Development Goal targets. A world with zero leprosy infection and disease, zero disability, and zero leprosy-related stigma and discrimination, is possible. Together we must act.

**Dr Poonam Khetrapal Singh**  
Regional Director  
WHO South-East Asia Region



# Abbreviations

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<b>AMR</b>	antimicrobial resistance
<b>BCG</b>	<i>bacille Calmette-Guérin</i>
<b>G2D</b>	grade-2 disability
<b>GPZL</b>	Global Partnership for Zero Leprosy
<b>ILEP</b>	International Federation of Anti-Leprosy Associations
<b>MB</b>	multi-bacillary
<b>MDT</b>	multidrug therapy
<b><i>M. leprae</i></b>	<i>Mycobacterium leprae</i>
<b>NGO</b>	nongovernmental organization
<b>NLP</b>	national leprosy programme
<b>NNN</b>	NTD NGO Network
<b>NTD</b>	neglected tropical disease
<b>SDG</b>	sustainable development goal
<b>TAG</b>	Technical Advisory Group
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

# Strategy at a glance

**Long term vision:** Zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination

**Goal:** Elimination of leprosy (defined as interruption of transmission)

**Global targets for 2030:**

120

countries  
with zero new  
autochthonous  
cases

70%

Reduction in  
annual number  
of new cases  
detected

90%

Reduction in rate per  
million population of  
new cases with grade-2  
disability (G2D)

90%

Reduction in rate  
per million children  
of new child cases  
with leprosy

## Strategic pillars and key components

### 1 Implement integrated, country-owned zero leprosy roadmaps in all endemic countries

- Political commitment with adequate resources for leprosy in integrated context
- National partnerships for zero leprosy and zero leprosy roadmaps engaging all stakeholders
- Capacity building in the healthcare system for quality services
- Effective surveillance and improved data management systems
- Monitoring of antimicrobial resistance (AMR) and adverse drug reactions

### 2 Scale up leprosy prevention alongside integrated active case detection

- Contact tracing for all new cases
- Preventive chemotherapy scaled up
- Integrated active case-finding in targeted populations
- Existing and potential new vaccines

### 3 Manage leprosy and its complications and prevent new disability

- Early case detection, accurate diagnosis and prompt treatment
- Access to comprehensive, well-organised referral facilities
- Diagnosis and management of leprosy reactions, neuritis and disabilities
- Monitoring, support and training in self-care
- Mental well-being through psychological care and therapeutic counselling

### 4 Combat stigma and ensure human rights are respected

- Adoption of the United Nations *Principles and Guidelines for elimination of discrimination against persons affected by leprosy and their family members*
- Inclusion of organisations and networks of persons affected by leprosy
- Amendment of discriminatory laws
- Interventions and processes to reduce and monitor leprosy-related stigma in communities
- Access to social support and rehabilitation

#### Research

The strategy includes a set of research priorities of key importance for this strategic period. Global and national investment in research are essential to achieving zero leprosy.



# Development

**November 2018:** Request for input on 2030 targets for 2021–2030 NTD Roadmap and Global Leprosy Strategy sent to the WHO Technical Advisory Group (TAG) on leprosy and partners

**February 2019:** Online survey of National Leprosy Programmes (NLPs) and partners on possible 2030 targets

**April 2019:** WHO Global training of NLP managers from priority leprosy-endemic countries, Bangkok, Thailand

**June 2019:** International Leprosy Training Programme for Developing Countries, Tai'an, China

**September 2019:** Symposium "Innovations in Leprosy Control", Twentieth International Leprosy Congress, Manila, the Philippines

**November 2019:** WHO Training of NLP managers from hyper-endemic island countries, Pohnpei, Federated States of Micronesia

**December 2019:** National Conference on Zero Leprosy Initiative 2030, Dhaka, Bangladesh

**April 2020:** Set up of WHO Task force on definitions, criteria and indicators for transmission and elimination of leprosy

**October 2020:** Global consultation with NLP managers, partners, and affected persons on Global Leprosy Strategy 2021–2030

**December 2020:** Finalization of Global Leprosy Strategy 2021–2030

**January 2019:** First International Dermacon and 47th National Conference of the Indian Association of Dermatologists, Venereologists and Leprologists, Bengaluru, India

**April 2019:** Twelfth meeting of the WHO Strategic and Technical Advisory Group on Neglected Tropical Diseases (NTDs), Geneva, Switzerland

**April-May 2019:** E-mail feed-back on first draft strategy from technical experts in leprosy

**July-September 2019:** Leprosy chapter finalized in NTD Roadmap 2021–2030

**September 2019:** WHO side meeting in the Tenth NTD NGO Network (NNN) Conference, Liverpool, United Kingdom

**November 2019:** Sixteenth meeting of TAG-Leprosy, New Delhi, India

**February 2020:** WHO Informal consultation on defining criteria to declare elimination of transmission of leprosy, Mexico City, Mexico

**June-August 2020:** Consolidation of full document of Global Leprosy Strategy 2021–2030

**November 2020:** World Health Assembly (WHA) endorsement of the document Ending the Neglect to Attain the Sustainable Development Goals: A Road Map for Neglected Tropical Diseases 2021–2030

# Overview and context

Leprosy is classified by WHO as one of twenty NTDs<sup>1</sup>. Like other NTDs, its occurrence is often related to poor socio-economic conditions. It is a communicable disease, caused by *Mycobacterium leprae* (*M. leprae*)<sup>2</sup>, with a long incubation period. Leprosy is likely transmitted by droplets from the nose and mouth during prolonged and close contact with untreated leprosy patients. It affects the skin and peripheral nerves and, if untreated, can progress to permanent impairments to the skin, nerves, face, hands and feet, and to disabilities and social exclusion. Stigma and discrimination have played a major role in leprosy for millennia; overcoming them is important to reach zero leprosy.

Following the successful introduction of multidrug therapy (MDT) in 1981, WHO strategies focused on reducing prevalence, initially to below 1 per 10 000 population, and then on further reducing new case detection, disability (especially among children), and stigma and discrimination<sup>3</sup>. Some countries have achieved very low case numbers and may have interrupted community transmission. In recent years, a single dose of rifampicin as preventive chemotherapy has proven effective in reducing the risk of leprosy in contacts of leprosy patients<sup>4</sup>. These developments have encouraged WHO to reset the target for leprosy as elimination, defined as no new autochthonous cases as a result of interruption of transmission<sup>1</sup>. WHO is developing standard operating procedures to verify elimination of transmission, in which a key element will be a commitment to post-elimination surveillance. Incorporating the goals of zero disability and zero discrimination, this strategy is boldly entitled **Towards Zero Leprosy**.

The **Global Leprosy Strategy 2021–2030** is one of the disease-specific strategies underpinning the WHO *Road map for NTDs 2021–2030*. The leprosy profile from the NTD Road map is attached in Annex 1. The road map, its companion documents and the related strategies are a significant contribution to the Sustainable Development Goals (SDGs), especially SDG 3 (healthy lives and wellbeing, including the goal of universal health coverage), SDG 10 (reduced inequalities) and SDG 17 (partnerships). The commitments of the SDGs are to leave no one behind and to endeavour to reach the furthest behind first<sup>5</sup>. Through the combination of disability and stigma, persons affected by leprosy are consistently among the most left behind. This strategy sets out to challenge and change that.

The role of partners, at global and country level, is significant. The formation in 2018 of the Global Partnership for Zero Leprosy (GPZL)<sup>6</sup> has been a major step forward in aligning the efforts and priorities of partners and stakeholders throughout the leprosy world. Its Leadership Team includes representatives of NLPs, the private sector, nongovernmental organisations (NGOs), donors, academia, organisations of persons affected by leprosy, and WHO's Global Leprosy Programme (as observer). The emergence of networks of persons affected, supported in recent years by the United Nations Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members, has given them greater confidence and a stronger voice<sup>7</sup>.



Fundamental gaps in knowledge continue to impede progress. After a comprehensive review involving national programmes and scientists worldwide, GPZL and the Leprosy Research Initiative have developed a consensus set of research priorities<sup>8</sup> which the wider leprosy community is urged to support.

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